

W. A. R. D. A[®]™
WOMEN AGAINST RAPE AND DOMESTIC ABUSE[®]™



I AM RESPONSIBLE FOR MY SAFETY

ENROLLMENT FORM FOR SEMINAR/WORKSHOP

Name: _____ Age: _____
Date of Birth: _____ Sex: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

HOW DID YOU HEAR ABOUT US?

Friend: _____ Internet: _____
Advertisement: _____ Referred By: _____

Does the applicant have a medical problem/history that we need to be aware of? Is the applicant on any medication currently? If so list that on another sheet of paper.

INJURY WAIVER

Intending that this agreement be legally binding upon me, my heirs, executors, administrators and assigns, In consideration of services to be received as a student on these premises, I the undersigned hereby releases and forever discharges the school, its heirs, the successors, administration and assigns from any and all actions, liability, claims and demands upon or by reason of any damages, loss, injury or suffering known and unknown which may have been sustained by Grandmaster Javed Khan, Grandmaster Javed Khan's Fighting Arts Academy LLC, the IPTF, the World Khan Do Kwan federation, in connection with and in course of receiving this training and techniques on these premises from the instructor or the instructor's staff, official or employees of the school or any fellow students on the premises in condition therewith and within the course of taking training or lessons for the purpose designed in this application. He/ She hereby waives his/her rights to claims, actions and cause of action, demand or suit for loss, injury, damage, or suffering known and unknown, foreseen and unforeseen physical and mental injuries sustained as a result of anything other than gross negligence on part of the school. The undersigned assumes all the risks inherent and incident to this type of activities as a condition for applying for admission to this W. A. R. D. A[®]™ training seminar/workshop for the purpose herein stipulated.

Promotion Agreement and Photo Release

I am aware that photographs or video may be taken of WARDA[®]™ participants during various training events and activities. These pictures may be taken by the WARDA[®]™ Instructors, professional photographers, news media, other participants or their parents, friends, or relatives, volunteers, or other people involved in or observing the training. I hereby waive the right to see or approve any publications that contain photographs of me. I release the Releases as identified above from any and all responsibility for any harm or invasion of privacy that may occur or be produced by taking photographs or video of me. I further give WARDA[®]™, WARDA[®]™ Instructors, the entities hosting WARDA[®]™ training seminars, and their representative's unlimited permission to use photographs or video that includes me in any and all media products for promotion, art, advertising, editorial or other purposes. This may include, but is not limited to, social media, Facebook, Twitter, newsletters, both print and electronic, posters, brochures, ads, post cards, and web pages.

In Signing these Releases, I assert that:

1. I am presently in good physical and mental health and have no reason to believe that I am not in good physical and mental health.
2. I am fully aware of, and do acknowledge and assume all risk of injury inherent in my participation in this training course
3. I have read and fully understand the terms and conditions of this Agreement
4. If taking this workshop is work related. I am covered by Insurance; workman's comp insurance and/or department insurance while participating in this training.

(Signature of Applicant)

(Signature of Parent if applicant is under 18)

(Date)